91-01826 Maritime Medical Care Incorporated (N.S.). 32108.001
Annual report
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MARITIME MEDICAL CARE INC.

ANNUAL REPORT

TO THE MINISTER OF
HEALTH AND FITNESS
PROVINCE OF NOVA SCOTIA

For the year ended March 31, 1988

THE TWENTY-FIRST ANNUAL REPORT

of

MARITIME MEDICAL CARE INCORPORATED

to

THE HONOURABLE MINISTER OF HEALTH AND FITNESS

of the

PROVINCE OF NOVA SCOTIA

Introduction

This is the 21st Annual Report of Maritime Medical Care Incorporated to the Honourable Minister of Health and Fitness of the Province of Nova Scotia. The report details the performance of Maritime Medical Care Inc. in carrying out its responsibilities as administrator of the Medical Services Insurance (M.S.I.) programs for the Province of Nova Scotia. The report covers the 12 month period April 1, 1988 to March 31, 1989, and includes appropriate comparative data from previous reporting periods.

Maritime Medical Care Incorporated was founded in 1948 under the provisions of Chapter 197 of the Acts of Nova Scotia as a non-profit organization to operate in the field of prepaid health services programs. The Corporation is based in Dartmouth, Nova Scotia, and operates in all Atlantic Provinces. In July, 1967, Maritime Medical Care entered into an agreement with the Minister of Health of the Province of Nova Scotia to participate in the design and to administer the Province's medical care insurance plan, which following 18 months of planning was implemented on April 1, 1969. The agreement with the Minister of Health and Fitness does not alter the Corporation's activities in the private sector and Maritime Medical

continues to be a major underwriter of prepaid health and dental programs for groups and individuals of Atlantic Canada.

Over the years, as the government introduced new programs including optometric services, dental services for children, and a prescription drug program for senior citizens, Maritime Medical assimilated the administration of these programs into its operations. The Corporation borrowed extensively from its expertise in the field of private health insurance to provide efficient administrative services from the date of implementation of the original medicare program as well as the programs subsequently added. In addition to its duties handling the M.S.I. programs, Maritime Medical is also involved in other public programs including claims processing services for some aspects of the Hospital Insurance Plan and operating the Prescription Drug Programs of the Department of Social Services. The administration of these programs is integrated with the M.S.I. processes.

Functions

Maritime Medical Care's present functions in connection with the M.S.I. programs include:

- The registration of all "recipients" and "providers" of insured services.
- The provision of all communications with recipients and providers respecting their entitlement and responsibilities under the various M.S.I. programs.
- The receipt, assessment and payment of all M.S.I. claims for insured

services in accordance with established tariffs established by the Health Services & Insurance Commission.

- The development and operation of appropriate review and audit procedures for verifying M.S.I. eligibility and benefit payments.
- The coordination of the activities of all Review Committees including the carrying out of investigations and preparation of all cases for review.
- The participation in any cases called for "Due Inquiry" by the Health Services and Insurance Commission in accordance with the Health Services and Insurance Act.
- The design of all systems and procedures related to the performance of its administrative functions.
- The development, maintenance and analysis of statistics pertaining to all aspects of the M.S.I. Programs.
- The compilation, production and distribution of the Nova Scotia Drug Formulary.
- The provision of resource staff support for various Committees of the Health Services & Insurance Commission.
- The preparation of reports for the Minister of Health and Fitness, the Health Services & Insurance Commission and its committees on the operation of the various M.S.I. programs including recommendations for their improvement.
- Consultation with the Health Services & Insurance Commission in the design, development, implementation and operation of any new M.S.I. programs.
- Such other assignments as the Minister of Health and Fitness or the Commission may from time to time request.

Statistical Reports

Maritime Medical Care prepares annual detailed statistical reports on all aspects of the M.S.I. operation for the Health Services & Insurance Commission. A number of these reports will normally be included in the Health Services & Insurance Commission's Annual Reports. The tables and statistical information included in this report are not intended to duplicate reports presented elsewhere but, to be more in the nature of an Executive Summary and to present comparative data over an extended period of time.

Financial Management

The Corporation is pleased to submit herewith as Appendix "A" the final statement of costs incurred in the administration of the M.S.I. programs for the fiscal year ended March 31, 1989.

- Administrative Efficiency

In the year under review, Maritime Medical's administrative expense, expressed as a percentage of the total of all benefits paid under the public programs was 2.7%. This 2.7% expense ratio represents the lowest ratio achieved since the inception of the MSI program.

Table 1 and the accompanying graphs which follow outline the administrative costs and cost ratios associated with Maritime Medical Care's engagement for the administration of the MSI programs.

TABLE 1

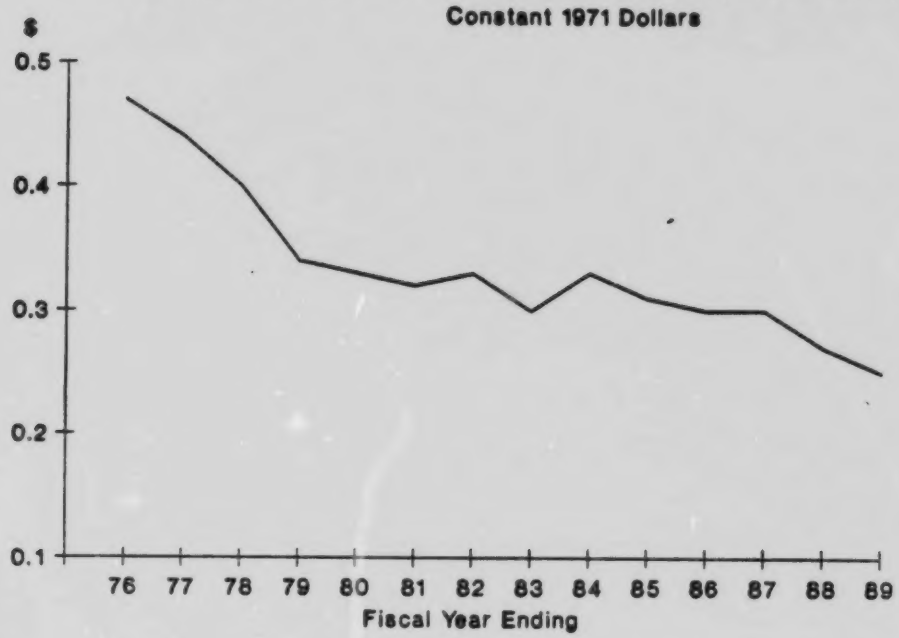
M.M.C. Administrative Expense Productivity Indicators
in Constant 1971 Dollars

Fiscal Year	Admin. Expense	Per Claim	Percent of Benefits
1970-71	$1,768	$0.65	5.8%
1975-76	2,293	0.47	5.0
1976-77	2,256	0.44	4.7
1977-78	2,115	0.40	4.4
1978-79	1,888	0.34	3.9
1979-80	1,921	0.33	3.8
1980-81	1,905	0.32	3.8
1981-82	1,927	0.32	3.6
1982-83	2,003	0.30	3.3
1983-84	2,167	0.32	3.4
1984-85	2,218	0.31	3.2
1985-86	2,239	0.30	3.0
1986-87	2,304	0.30	3.0
1987-88	2,236	0.27	2.8
1988-89	2,329	0.25	2.7
Percent Change 1975-76 to 1988-89	1.6%	-46.8%	

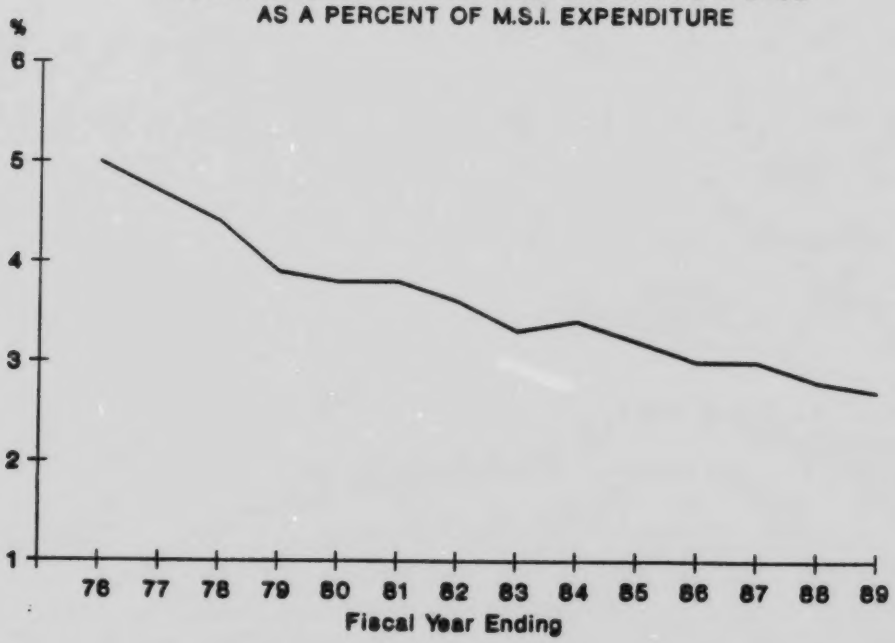
Note: The first full financial year of the MSI Medicare Plan was 1970-71. The first full year that included the MSI Medicare, Pharmacare and Children's Dental Plans was 1975-76.

MARITIME MEDICAL CARE ADMINISTRATIVE EXPENSE PER CLAIM

Constant 1971 Dollars



MARITIME MEDICAL CARE ADMINISTRATIVE EXPENSE
AS A PERCENT OF M.S.I. EXPENDITURE



- Cost Apportionment

Maritime Medical Care uses an organizational structure that provides for an efficient cost-effective operation for both its MSI and Private Sector operations while ensuring an accurate apportionment of administrative expenses between the two divisions of activity. Departments may be structured as totally engaged in MSI functions, totally engaged in MMC functions or shared between the two divisions. Cost apportionment formulae have been developed to ensure equitable attribution of administrative expenses.

- Audit

By agreement under Maritime Medical Care's Contract with the Minister of Health and Fitness, the operation of Maritime Medical Care is subject to audit by the Auditor General of the Province of Nova Scotia. Audits are conducted on a regular basis by the Auditor General including a regular audit completed during the year under review. As in all past audits, the conclusion of the Auditor General was that Maritime Medical Care continues to satisfactorily carry out its functions in accordance with the Agreement in place.

Staffing

The staff of Maritime Medical Care are engaged in three categories of activity;

- Totally assigned to MSI activities
- Totally assigned to MMC Private Sector activities
- Shared activities

The number of full-time equivalents assigned to MSI responsibilities at March 31, 1989, was 185. This is a reduction of 6 from the previous year's level of 191.

Productivity and Performance Indicators

The primary function of Maritime Medical Care in it's role as administrator of the M.S.I. programs is the processing of claims. For this reason, it is appropriate to use claims processing data in choosing a performance indicator.

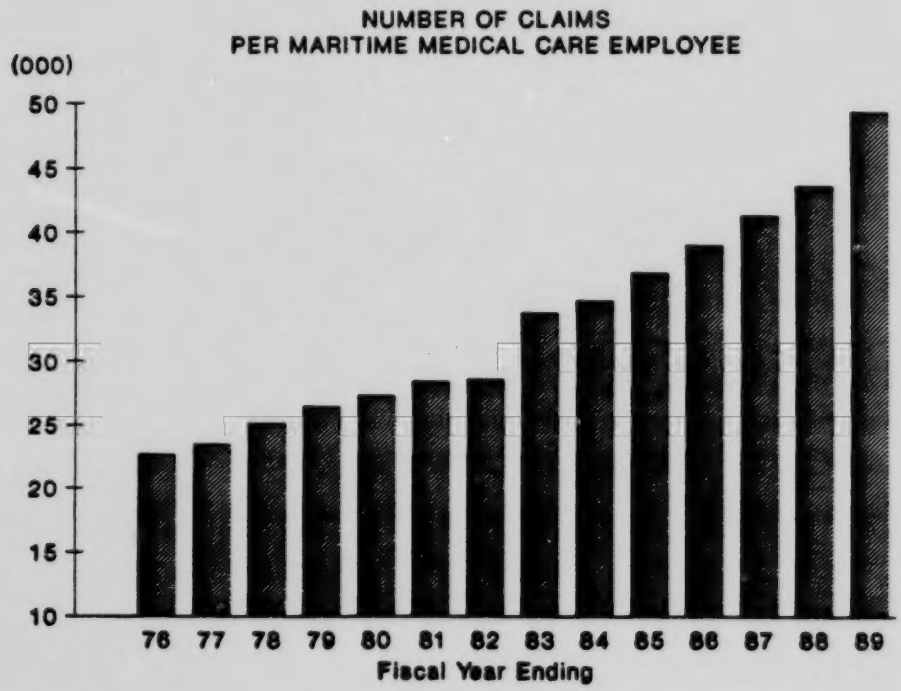
Although this is a meaningful performance indicator, it does not take into account the many other activities associated with the MSI administration. Other key activity areas with significant resource allocation, include maintainance of the complete MSI Registration file, audit functions including field audit, and general communication responsibilities including all inquiries with residents and providers.

Table 2 that follows compares the staff numbers and the level of productivity achieved by Maritime Medical Care staff for the past five years. The accompanying graph illustrates the productivity increases since 1976.

TABLE 2

Maritime Medical Care - Performance Indicators

	1984-85	1985-86	1986-87	1987-88	1988-89[2]
No. of claims processed[1] (in thousands)	7,220	7,529	7,985	8,329	9,112
Percent increase	4.2%	4.3%	6.1%	4.3%	9.4%
No. of MSI employees (full time equivalent)	196	193	194	191	185
Claims processed per employee	36,809	38,950	41,265	43,552	49,256
Percent increase	6.2%	5.8%	5.9%	5.5%	13.1%



1. Includes all M.S.I. programs and the prescription drug programs of the Department of Social Services.

2. There were 27 payments to physicians and optometrists in 1988-89, instead of the normal 26.

The increase in productivity has been a continuation of the long-term trend that has been a notable feature of Maritime Medical Care's operation.

These productivity increases have been essentially the result of efforts of Maritime Medical Care staff with technology changes having only a minor impact to date. Electronic submission of claims by the various providers is still in the early stages. Major productivity gains that will be possible when substantial volumes are submitted in this format are yet to be realized.

In an attempt to foster the expansion of electronic claims submissions by providers and the advantages in efficiency and costs associated with this format, Maritime Medical Care has undertaken a number of initiatives including;

- creating software programs for the handling of computer tapes and diskettes containing all necessary claim data
- adjustment of the claims processing procedures internally, to eliminate the need for claim document preparation by physicians
- proceeding with new software programs to permit transmittal of payment reconciliation data from Maritime Medical Care to providers via computer diskette
- liaising with and assisting software companies that are marketing computer systems designed for providers

Patient Utilization of Benefits

It is estimated that 871,600 Nova Scotians were eligible for the Medical, Dental-Surgical and Optometric benefits of M.S.I. Of this number, 200,000

were also eligible for the Children's Dental Plan and 109,300 were eligible for the M.S.I. Pharmacare Plan. A summary showing the average number of persons eligible during the year and those utilizing benefits in each of the plans is shown in Table 3.

TABLE 3

Utilization of Major MSI Benefits

	Persons Eligible	Persons Utilizing Benefits	
		Number	Percent
Medical	871,600	801,200	91.9
Optometric	871,600	141,900	16.3
Dental Surgical	871,600	10,400	1.2
Children's Dental	200,000	126,300	63.2
M.S.I. Pharmacare	109,300	102,700	94.0

Claims Assessment, Audit and Review

One of Maritime Medical's major administrative functions is the assessment, audit and utilization review of all M.S.I. claims. The vast majority of this work is performed by M.M.C. staff which includes medical, dental and pharmaceutical consultants.

Maritime Medical also avails itself of professional counsel from members of the Medical Society of Nova Scotia and the Nova Scotia Dental Association

pertaining to the review of complex claims through its Medical and Dental Claims Evaluation Committees.

The Corporation continued with its claims audit program by seeking patient verification of a random selection of paid Medical, Dental, Optometric and Pharmacy claims and has applied additional appropriate audit techniques to Pharmacare claims which included 259 on-site audits of pharmacies and dispensing physicians.

There are three standing Review Committees; Medical, Dental, and Pharmacy. These Committees report to the Health Services and Insurance Commission while Maritime Medical Care provides all necessary research, investigative, legal and other administrative staff support.

The Medical Review Committee is responsible for monitoring all activities relating to the provision of insured services by physicians, and the utilization of physicians' services by patients. During the year under review, the Committee continued a program of monitoring and analysing the use of medical services by patients with the objective of controlling situations where it is established that an overuse problem exists. This program effected reductions in unnecessary medical services estimated at a dollar value of $240,000.

The Medical Review Committee referred one case to the Health Services and Insurance Commission that caused a "Due Inquiry" under the Health Services and Insurance Act to be conducted by the Commission.

The Pharmacy Review Committee reviewed several cases referred through the Maritime Medical Care audit program. Two cases were referred to the Nova Scotia Pharmaceutical Society.

The Dental Review Committee reviewed a number of dentists' practice profiles. Two cases were referred to the Dental Board of Nova Scotia.

Arising out of the audit and review programs, recoveries of payments on improper claims were made by Maritime Medical Care as follows:

Medicare Program	-	$ 12,822.66
Pharmacare Program	-	32,137.80
Dental Program	-	1,723.86

With the cooperation of the Worker's Compensation Board, Maritime Medical receives copies of all physicians' claims that have been approved for payment by the Board. An internal process has been developed by Maritime Medical to check these paid claims against the M.S.I. patient history to ensure that M.S.I. is not being charged for services that are the responsibility of the Worker's Compensation Board. The application of this claims audit technique in the past year resulted in recoveries for M.S.I. totalling $273,758.

During the year, the Workers' Compensation Board and Maritime Medical Care commenced planning for the transfer of the administration of Workers' Compensation Board claims for physicians' services to Maritime Medical Care.

Professional Relations

Maritime Medical Care has a program of regular liaison with all professional groups whose services are insured under the M.S.I. programs. Emphasis continues to be placed on the physicians services program which is the largest and therefore has the greatest impact administratively.

Regular information seminars for the providers of insured health services and their staffs continue to be an effective means of communication. Through the cooperation of the professional organizations, Maritime Medical receives invitations to Branch Medical Society meetings and regional Dental and Pharmacy Association meetings. M.S.I. matters of current interest are discussed and questions answered.

Periodic visits by Maritime Medical personnel to providers of insured services and the issuance of bulletins are also part of our professional relations program.

Computer Services

The Corporation continues to work in close co-operation with the Systems and Computer Services Division of the Department of Government Services. This Department provides most of the computing services for the public programs administered by Maritime Medical Care.

A number of ancillary MSI computer programs are being operated on the Maritime Medical Care mainframe computer as this has proven to be the most expeditious and efficient approach to implementing several applications. Programs handled in this manner include;

- Aspects of the Reciprocal Billing System for payment of physicians services for out-of-province residents
- Electronic transfer to funds to providers
- Electronic claims submitted on diskette by pharmacies and physicians

Maritime Medical Care makes extensive use of Personal Computers including direct linkage to the Provincial Government Mainframe Computer. Many of the regular information reports are prepared by Maritime Medical Care from MSI data transferred from the Provincial Computer Center to Maritime Medical Care Personal Computers.

Liaison with Health Services & Insurance Commission

The Corporation continues to work closely with the staff of the Health Services & Insurance Commission and as well acts in a resource capacity with the Commission and its Committees.

Statistical Tables

A number of Statistical Tables on the various MSI programs are included with each Maritime Medical Care Annual Report and are included again this year. Tables (Nos. 11, 12, 13) are intended to provide an overview of the plan expenditures over several years, highlighting the rate of growth of expenditures and the changing ratio of expenditures of the individual plans.

Reference to these tables will illustrate that the increase of the Pharmacare Plan continues at an extraordinary rate. It now represents 21.7% of overall expenditures compared to 10.9% in 1975-76. The medicare

program now represents 71.6% of M.S.I. expenditures compared to 83.9% in 1975-76.

Maritime Medical Care - Organization

The Board of Directors of Maritime Medical Care consists of 13 members of which two are ministerial appointments. Observer privileges at all Board meetings are afforded the Deputy Minister of Health and the Chairman of the Health Services and Insurance Commission. A list of the Corporation's Directors for the year under review is included as Appendix B.

Summary of Administered Programs

Following are the public programs currently administered by Maritime Medical Care.

M.S.I. Programs	Implementation Date
Medical Care	April 1, 1969
Dental Surgical	April 1, 1969
Optometric	December 1, 1973
Children's Dental Plan	July 1, 1974
Pharmacare	October 1, 1974
Cystic Fibrosis (Drugs)	October 1, 1976
Severe Mental Retardation (In-Hospital Dentistry)	January 1, 1977
Cleft Palate Dentistry	December 1, 1977
Diabetes Insipidus (Drugs)	December 1, 1978
Prosthetic Appliances	January 1, 1981

In addition to the M.S.I. programs the Corporation provides claims assessment and payment services for insured out-patient hospital services received by eligible Nova Scotians while temporarily out of Canada. These services are provided under the direction of the Hospital Insurance Division of the Department of Health. The Corporation also performs the claims assessment and payment functions for the Department of Social Services' Prescription Drug Program for the Disabled and the Diabetic Assistance Program.

Acknowledgements

The Corporation wishes to acknowledge the assistance and the co-operation it has received in the performance of its M.S.I. duties and responsibilities from:

The Department of Health

The Health Services & Insurance Commission

The Medical Society of Nova Scotia

The Nova Scotia Pharmaceutical Society

The Pharmacy Association of Nova Scotia

The Nova Scotia Dental Association

The Systems and Computer Services Division
Department of Government Services

The Worker's Compensation Board

Respectfully submitted,

MARITIME MEDICAL CARE INCORPORATED

J. Michael O'Brien, M.D.
Chairman of the Board

David L. McAvoy,
President

APPENDIX A

MARITIME MEDICAL CARE INCORPORATED

Administrative Costs - Public Programs
For The Year Ended March 31, 1989

	M.S.I.	Social Services
	(000's)	
Direct Costs		
Advertising & promotion	$ 15	$ 1
Business tax	1	-
Data processing equipment and supplies	815	27
Depreciation	66	2
Director and committee's fees and expenses	11	1
Employees' salaries and benefits	4,223	107
Equipment rental and service	215	6
Interest and bank charges	50	1
Office premises	28	-
Printing and office	248	9
Professional fees	84	1
Telephone and postage	85	1
Travel	73	2
Other, net	5	(1)
	5,919	157
Shared Costs		
Accounting	232	*
Personnel & administrative services	609	-
Building occupancy	450	-
Cafeteria	35	-
Data processing	113	-
General administration	368	*
Pharmacy assessment	182	*
	1,989	*
GRAND TOTAL	$ 7,908	$ 157

(*) Costs allocated to Social Services Programs included in Direct Costs.

APPENDIX B

MARITIME MEDICAL CARE INCORPORATED

BOARD OF DIRECTORS

1988 - 1989

NAME	ADDRESS	COMPONENT
Dr. J.M. O'Brien Chairman	Antigonish, N.S.	Medical Society of N.S.
Dr. R.A. Oliver Vice Chairman	Dartmouth, N.S.	" "
Dr. A.S. Dill	Annapolis Royal, N.S.	" "
Dr. G.A. Ferrier	Liverpool, N.S.	" "
Dr. P.D. Jackson	Sydney, N.S.	" "
Dr. C.R. Wyman	Yarmouth, N.S.	" "
Mrs. Alice Baker	Dartmouth, N.S.	Governor-in-Council
Mr. James E. Cochran	Halifax, N.S.	Governor-in-Council
Mr. Murray Fahie	Dartmouth, N.S.	Subscriber
Mr. Arthur MacKinnon	Westville, N.S.	Pharmacist
Dr. Mary Hurst	Antigonish, N.S.	Dentist

(Two Vacancies)

M.S.I. STATISTICAL TABLES

FISCAL 1988-89

Table 1

MSI Expenditure 1988-89[1]

	Expenditure	Percent of Total
Physicians Services	$212,320,253	71.6%
Prescription Drugs[2]	64,548,203	21.7
Dentistry	15,038,745	5.1
Optometric	4,226,281	1.4
Prosthetic Services	609,177	0.2
TOTAL	$296,742,659	100.0%

1. Data in this table and the tables that follow are based on date of payment rather than date of service.

2. Includes $202,170 paid to the Cancer Society, and $233,264 for the Growth Hormones Program introduced in 1987-88.

Table 2

Five Year Comparison of Selected MSI Statistics

	1984-85	1985-86	1986-87	1987-88	1988-89
Insured Population (000)	855	859	862	868	872
Physicians Paid	1,572	1,653	1,715	1,731	1,806
Dentists Paid	328	340	351	367	386
Optometrists Paid	52	53	58	53	56
Pharmacies Paid	221	230	247	246	244
Total MSI Payments (000)	$202,398	$224,371	$243,626	$263,993	$296,743
Claims Processed (000)	6,985	7,276	7,714	8,043	8,782
Total Insured Services (000)	8,891	9,193	9,635	9,974	10,570
Expenditure Per Insured Person	$236.72	$261.20	$282.63	$304.14	$340.30
Administrative Expense (000)	$6,500	$6,834	$7,328	$7,402	7,908
Administrative Expense As Percent of Amount Paid	3.2%	3.0%	3.0%	2.8%	2.7%

Table 3

Growth of MSI Plans

1984-85 to 1988-89

	Physicians Services & Dental Surgical[1]			Optometric Services			Children's & Special Dental Plans[2]			Prescription Drugs[3]		
	Insured	Beneficiaries	Paid Per Insured	Insured	Beneficiaries	Paid Per Insured	Insured	Beneficiaries	Paid Per Insured	Insured	Beneficiaries	Paid Per Insured
1984-85	854,600	757,100	179.27	854,600	98,400	2.69	208,200	124,000	55.93	101,200	92,500	343.21
1985-86	858,500	768,000	196.47	858,500	103,200	3.19	206,900	125,800	58.34	103,200	95,200	391.38
1986-87	862,100	778,700	209.39	862,100	114,800	3.75	204,800	127,900	58.23	105,200	98,000	450.28
1987-88	867,900	788,100	221.22	867,900	125,100	4.18	201,700	127,500	61.47	107,200	100,800	515.03
1988-89	871,600	801,200	246.68	871,600	141,900	4.85	200,000	126,300	61.76	109,300	102,700	586.58

NOTE: Estimates of Insured Persons are as of October 1 each year.

1. Physicians services and dental-surgical services were the initial MSI Plans introduced in 1969, and were cost-shared with the federal government prior to April 1977. In Tables 5 and 6 physicians services and dental-surgical services are shown separately.

2. The Children's Dental Plan covers children up to 16 years of age. Children at the School For The Blind are covered regardless of age. Other dental plans include persons who are severely mentally retarded, or who have a cleft palate.

3. Prescription drug coverage includes persons over 65 years of age. Drugs are also covered for persons who suffer from cystic fibrosis or diabetes insipidus. Paid per insured does not include payments to the Cancer Society and payments associated with the Growth Hormones Program. Cancer Society and Growth Hormone payments are included in Tables 1, and 2.

Table 4

MSI Fee-For-Service Payments 1988-89

Number of Providers by County[1]

County	Physicians[2] Services	Dentists Services	Optometrists Services	Prescription[3] Drugs
Annapolis	27	6	2	4
Antigonish	46	8	-	5
Cape Breton	169	40	10	29
Colchester	63	23	4	12
Cumberland	50	11	1	12
Digby	24	6	1	7
Guysborough	14	3	-	5
Halifax	980	204	19	108
Hants	44	7	2	17
Inverness	17	7	2	7
Kings	94	21	4	17
Lunenburg	69	14	4	10
Pictou	69	17	5	17
Queens	12	4	1	3
Richmond	8	2	-	2
Shelburne	16	4	-	5
Victoria	10	1	-	2
Yarmouth	50	8	1	7
NOVA SCOTIA	1,762	386	56	269

1. County refers to the counties in which providers rendering insured services were located as of March 31, 1989.

2. Does not include 44 salaried physicians who performed insured services for which institutions employing them were reimbursed.

3. Includes 244 pharmacies and 25 other providers.

Table 5

MSI Payments for Physicians Services

Services and Amounts Paid

1984-85 to 1988-89

Services[1]

	Services	Services Per Insured Person	Percent Change Per Insured Person
1984-85	6,218,853	7.28	3.1
1985-86	6,394,684	7.45	2.3
1986-87	6,660,669	7.73	3.8
1987-88	6,841,568	7.88	1.9
1988-89	7,305,730	8.38	6.3

Amount Paid[2]

	Total Paid	Paid Per Insured Person	Percent Change Per Insured Person
1984-85	151,223,661	176.95	10.9
1985-86	166,509,795	193.95	9.6
1986-87	178,179,570	206.68	6.6
1987-88	189,424,623	218.26	5.6
1988-89	212,320,253	243.60	11.6

1. Services include fee-for-service only.

2. Includes payments to hospitals and institutions with respect to insured services performed by salaried physicians, as well as fee-for-service payments.

Table 6

MSI Payment for Dental Surgical Services

Services and Amounts Paid

1984-85 to 1988-89

	Services	Paid	Paid Per Insured Person	Percent Change Amount Paid Per Insured Person
1984-85	28,910	1,981,155	2.32	13.7
1985-86	29,235	2,158,018	2.51	8.2
1986-87	31,932	2,336,770	2.71	8.0
1987-88	32,722	2,575,378	2.97	9.6
1988-89	32,975	2,686,084	3.08	3.7

Table 7

MSI Payments for Children's and Special Dental Plans[1]

Services and Amounts Paid

1984-85 to 1988-89

	Services	Paid	Paid Per Insured Person	Percent Change Amount Paid Per Insured Person
1984-85	524,363	11,645,185	55.93	6.1
1985-86	528,874	12,070,120	58.34	4.3
1986-87	524,640	11,925,070	58.23	-0.2
1987-88	516,909	12,398,795	61.47	5.6
1988-89	504,191	12,352,661	61.76	0.5

1. Special dental plans include persons who have a cleft palate, persons who are severely mentally retarded, persons at the School For the Blind who are 16 years of age or older and uninsured services to persons over 16 years of age approved under Special Consideration. Amounts paid in 1988-89 were $175,294, $26,428, $757 and $7,769 respectively.

Table 8

MSI Payments for Optometric Services

1984-85 to 1988-89

	Services	Paid	Paid Per Insured Person	Percent Change Amount Paid Per Insured Person
1984-85	101,648	2,302,845	2.69	18.0
1985-86	107,363	2,735,404	3.19	18.6
1986-87	118,618	3,232,093	3.75	17.6
1987-88	129,176	3,626,354	4.18	11.5
1988-89	144,272	4,226,281	4.85	16.0

Table 9

MSI Payments for Prescription Drugs

1984-85 to 1988-89

Prescriptions

	Prescriptions Dispensed	Prescriptions Per Insured Person	% Change Per Insured
1984-85	2,017,462	20.0	4.2
1985-86	2,133,621	20.7	3.5
1986-87	2,299,255	21.9	5.8
1987-88	2,453,975	22.9	4.6
1988-89	2,582,960	23.7	3.5

Amount Paid[1]

	Amount Paid	Paid Per Insured Person	% Change Per Insured
1984-85	34,732,801	343.21	10.1
1985-86	40,390,539	391.38	14.0
1986-87	47,369,142	450.28	15.0
1987-88	55,211,558	515.03	14.4
1988-89	64,112,769	586.58	13.9

1. Amount paid includes the MSI Pharmacare Plan for persons over 65, the Cystic Fibrosis Plan, and the Diabetes Insipidus Plan. During 1988-89 payments for the Cystic Fibrosis and Diabetes Insipidus Plans were $562,510 and $57,986 respectively. Payments under the Cystic Fibrosis and Diabetes Insipidus Plans are made monthly to one provider and the number of prescriptions shown above does not include prescriptions dispensed under these plans. Amount paid does not include $202,170 reimbursed to the Cancer Society and $233,264 associated with the Growth Hormones Program.

Table 10

Social Services Pharmacare

Payments for Insured Prescription Drugs[1]

1984-85 to 1988-89

Prescriptions

	Prescriptions Dispensed	Prescriptions Per Insured Person	% Change Per Insured
1984-85	319,470	22.7	6.6
1985-86	336,490	22.4	-1.3
1986-87	355,788	24.7	10.3
1987-88	379,316	25.6	3.6
1988-89	406,955	26.4	3.1

Amount Paid

	Amount Paid	Paid Per Insured Person	% Change Per Insured
1984-85	5,204,721	369.13	12.8
1985-86	6,090,878	406.06	10.0
1986-87	7,019,376	487.46	20.0
1987-88	8,121,193	548.73	12.6
1988-89	9,480,304	615.60	12.2

1. Includes the Prescription Drug Plan for disabled persons, which has been administered by Maritime Medical Care since September 1981, and the Diabetic Assistance Plan, which has been administered since September 1982.

Table 11

M.S.I. Expenditure 1975-76 to 1988-89[1]

Fiscal Year	Physicians Services	Prescription Drugs	Dentistry	Optometric	Prosthetic[2] Services	Total
1975-76	$ 55,348,064	$ 7,193,411	$ 2,624,692	$ 770,768	$ -	$ 65,936,935
1976-77	61,107,308	8,745,019	2,870,409	763,881	-	73,486,617
1977-78	65,051,137	10,539,971	3,667,431	884,453	-	80,142,992
1978-79	70,928,849	12,459,980	4,993,189	966,688	-	89,348,706
1979-80	78,306,480	14,668,935	6,275,023	1,134,005	-	100,384,443
1980-81	87,788,152	17,394,425	7,631,788	1,193,647	-	114,008,012
1981-82	101,446,850	20,994,671	9,690,851	1,396,144	242,079	133,770,595
1982-83	124,952,265	26,893,097	11,939,131	1,744,594	303,376	165,832,463
1983-84	135,063,879	30,980,434	12,786,178	1,933,363	313,732	181,077,586
1984-85	151,223,661	34,759,182	13,626,340	2,302,845	485,789	202,397,817
1985-86	166,509,795	40,446,006	14,228,138	2,735,404	451,485	224,370,828
1986-87	178,179,570	47,454,991	14,261,840	3,232,093	497,036	243,625,530
1987-88	189,424,623	55,392,941	14,974,173	3,626,354	574,939	263,993,030
1988-89	212,320,253	64,548,203	15,038,745	4,226,281	609,177	296,742,659

1. M.S.I. Expenditure Data is based on date of payment, not date of service.

2. The Prosthetic Appliances program commenced January 1981.

Table 12

M.S.I. Expenditure 1975-76 to 1988-89
Percent of Total

Fiscal Year	Physicians Services	Prescription Drugs	Dentistry	Optometric	Prosthetic[1] Services	Total
1975-76	83.9%	10.9%	4.0%	1.2%	-	100.0%
1976-77	83.2	11.9	3.9	1.0	-	100.0
1977-78	81.2	13.1	4.6	1.1	-	100.0
1978-79	79.4	13.9	5.6	1.1	-	100.0
1979-80	78.0	14.6	6.3	1.1	-	100.0
1980-81	77.0	15.3	6.7	1.0	-	100.0
1981-82	75.8	15.7	7.3	1.0	0.2	100.0
1982-83	75.3	16.2	7.2	1.1	0.2	100.0
1983-84	74.6	17.1	7.0	1.1	0.2	100.0
1984-85	74.7	17.2	6.7	1.1	0.3	100.0
1985-86	74.2	18.0	6.4	1.2	0.2	100.0
1986-87	73.1	19.5	5.9	1.3	0.2	100.0
1987-88	71.7	21.0	5.7	1.4	0.2	100.0
1988-89	71.6	21.7	5.1	1.4	0.2	100.0

1. The Prosthetic Appliances program commenced January 1981.

Table 13

Increase in M.S.I. Expenditure and Percentage Increase 1975-76 to 1988-89

Fiscal Year	Physicians Services ($000)		Prescription Drugs ($000)		Dentistry ($000)		Optometric ($000)		Prosthetic[2] Services ($000)		Total ($000)	
1975-76	-	-	-	-	-	-	-	-	-	-	-	-
1976-77	$ 5,759	10.4%	$ 1,552	21.6%	$ 246	9.4%	$ -7	-0.9%	-	-	$ 7,550	11.5%
1977-78	3,944	6.5	1,795	20.5	797	27.8	121	15.8	-	-	6,656	9.1
1978-79	5,878	9.0	1,920	18.2	1,326	36.2	112	9.3	-	-	9,206	11.5
1979-80	7,378	10.4	2,209	17.7	1,282	25.7	137	17.3	-	-	11,036	12.4
1980-81	9,482	12.1	2,725	18.6	1,357	21.6	60	5.3	-	-	13,624	13.6
1981-82	13,314	15.1	3,600	20.7	2,059	27.0	202	17.0	-	-	19,418	17.0
1982-83	23,505	23.2	5,898	28.1	2,248	23.2	348	25.0	$ 61	25.3%	32,062	24.0
1983-84	10,112	8.1	4,087	15.2	847	7.1	189	10.8	10	3.4	15,245	9.2
1984-85	16,160	12.0	3,779	12.2	840	6.6	369	19.1	172	54.8	21,320	11.8
1985-86	15,286	10.1	5,687	16.4	602	4.4	433	18.8	-34	-7.1	21,973	10.9
1986-87	11,670	7.0	7,009	17.3	34	0.2	497	18.2	46	10.1	19,255	8.6
1987-88	11,245	6.3	7,938	16.7	712	5.0	394	12.2	78	15.7	20,368	8.4
1988-89	22,896	12.1	9,155	16.5	65	0.4	600	16.5	34	6.0	32,750	12.4

1. The Prosthetic Appliances program commenced January 1981.